

**ATERWYNNE** LLP  
ATTORNEYS AT LAW

RECEIVED  
CENTRAL FAX CENTER

MAY 26 2009

Suite 900  
1331 NW Lovejoy Street  
Portland, OR 97209-3280  
503-226-1191  
Fax 503-226-0079  
www.aterwynne.com

### FACSIMILE TRANSMITTAL

|             |                        |
|-------------|------------------------|
| <b>Date</b> | May 26, 2009           |
| <b>From</b> | Patrick (Rick) D. Boyd |

| <b>To</b>     | <b>Company</b>           | <b>Fax</b>     | <b>Phone</b> |
|---------------|--------------------------|----------------|--------------|
| Mall Stop: AF | Commissioner For Patents | (571) 273-8300 |              |

|                 |                                    |  |  |
|-----------------|------------------------------------|--|--|
| <b>Document</b> | After Final Office Action Response |  |  |
| <b>Pages</b>    | 17 (including cover)               | AN ORIGINAL OF THIS FAX WILL ____ WILL NOT <input checked="" type="checkbox"/> FOLLOW. |  |

|   |
|---|
| <b>Message</b>  |
| Please find following: After Final Office Action for patent application no. 10/715,871. |

**NOTICE:** This facsimile contains confidential information that is being transmitted to and is intended only for the use of the recipient named below. Reading, disclosure, discussion, dissemination, distribution or copying of this information by anyone other than the named recipient or his or her employees or agents is strictly prohibited. If you have received this facsimile in error, please immediately destroy it and notify us by telephone, 503-226-1191.

Doc Code: TRAN.LET

Document Description: Transmittal Letter

MAY 26 2009

PTO/SB/21 (04-09)

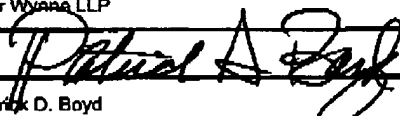
Approved for use through 05/31/2009. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |                      |                        |             |
|---|----------------------|------------------------|-------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 10715.871              |             |
|   | Filing Date          | 17 November 2003       |             |
|   | First Named Inventor | Epley, John M.         |             |
|   | Art Unit             | 3736                   |             |
|   | Examiner Name        | Hoekstra, Jeffrey G.   |             |
| Total Number of Pages in This Submission  | 16                   | Attorney Docket Number | 103419-0003 |

| ENCLOSURES (Check all that apply)  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify<br>below): |
| Remarks _____  |   |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | Ater Wynne LLP  |          |        |
| Signature    |  |          |        |
| Printed name | Patrick D. Boyd   |          |        |
| Date         | 26 May 2009   | Reg. No. | 54,671 |

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

|                       |   |      |             |
|-----------------------|---|------|-------------|
| Signature             |  |      |             |
| Typed or printed name | Nicholas Weintraub  | Date | 26 May 2009 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.